

730 Topeka P.O. Box 287 Lyndon, KS 66451-0287 Phone: 785 828-3146

CITY OF LYNDON, KANSAS

Permit #: _	
Fee:	

SIGN PERMIT APPLICATION

Dato	Paid:	
Date	raiu:	

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Property Owner's Nan	ne	
Property Address		
Phone	E	imail:
Number of Stories on l	Building:	
Contractor:		
Contractor's Phone No	o:	
Additional Contact:		
SIGN, SIGN DIMEN		AN INCLUDING; A PROOF OF THE ACTUAL HT, SIGN MATERIALS/COMPOSITION AND PROVAL.
STANDARD SIGNS: DOUBLE FACED SIG		NE SIDE ONLY W/A <u>MAX.</u> OF <u>\$50.00</u> PER SIDE.
SIGN FACE CHANG	E ONLY: FLAT FEE:	\$25.00
not be approved and re	eturned before the allot	ew paid permit once it is submitted. Permits will ted time. Note: This application (if approved) the project is started within six months of
≈ SE	CTION BELOW FOR 2	ZONING ADMINISTRATOR≈
	Approved	Denied
Comments of Zoning A	Administrator:	
Date:	Signed:	Zoning Administrator
		ANTHER AMBIHITION



Phone #: Contractor: Permit #: Address:

Permit Requirements:

*The following requirements order for your permit to be must be clearly marked in the Planning and Zoning submitted for review by Administration;

- Neighboring streets
- **Property lines**
- All existing structures and fences with dimensions
- proposed structure Dimensions of the
- non-permanent (movable) Structure permanent or
 - All set-back distances from property lines
- (i.e. chain link, privacy, etc) Height and type of fence

unless all of the above listed **The Zoning Administrator will not consider the permit requirements are included in the site sketch.